

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

CHANGE NOW

ADDRESS (number and street)

2021 L ST. NW

STE 101-326

WASHINGTON

DC

20036

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00683599

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Taylor, Zachary, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Taylor, Zachary, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CHANGE NOW

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2020		26622.80
(b) Cash on Hand at Beginning of Reporting Period.....	15868.62	
(c) Total Receipts (from Line 19)	1762089.32	1763367.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1777957.94	1789990.25
7. Total Disbursements (from Line 31).....	406957.76	418990.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1371000.18	1371000.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

CHANGE NOW

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2020

To:

M M	/	D D	/	Y Y Y Y
07	/	31	/	2020

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1762089.32	1763367.45
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1762089.32	1763367.45
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1762089.32	1763367.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1762089.32	1763367.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1762089.32	1763367.45

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	17279.80	29312.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17279.80	29312.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	389677.96	389677.96
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	406957.76	418990.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	406957.76	418990.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1762089.32	1763367.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1762089.32	1763367.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	17279.80	29312.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	17279.80	29312.11

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHANGE NOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Murdoch, James, Rupert, ,

Mailing Address 117 E 69th Street

City
New York

State
NY

Zip Code
10021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lupa Systems LLC

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2020

Transaction ID : SA11AI.5273

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sixteen Thirty Fund

Mailing Address 1201 Connecticut Ave NW
Suite 300

City
Washington

State
DC

Zip Code
20036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501278.13

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2020

Transaction ID : SA11AI.5211

Amount of Each Receipt this Period

1500000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sixteen Thirty Fund

Mailing Address 1201 Connecticut Ave NW
Suite 300

City
Washington

State
DC

Zip Code
20036

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1513367.45

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2020

Transaction ID : SA11AI.5281

Amount of Each Receipt this Period

12089.32

☐ Memo Item

In-kind - Administrative Support

SUBTOTAL of Receipts This Page (optional).....▶

1762089.32

TOTAL This Period (last page this line number only).....▶

1762089.32

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHANGE NOW

Full Name (Last, First, Middle Initial)

A. Blue Ledger Group, LLC

Mailing Address 3326 SE Driftwood CT

City
Topeka

State
KS

Zip Code
66605

Purpose of Disbursement
Accounting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 08 / 2020

FEC Identification Number

C

Transaction ID : SB21B.5271

Amount of Each Disbursement this Period

1022.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Google, LLC

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain View

State
CA

Zip Code
94043

Purpose of Disbursement
Website Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 02 / 2020

FEC Identification Number

C

Transaction ID : SB21B.5269

Amount of Each Disbursement this Period

31.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Prospero Latino LLC

Mailing Address 900 19th Street NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Communications Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 28 / 2020

FEC Identification Number

C

Transaction ID : SB21B.5279

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4554.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHANGE NOW

Full Name (Last, First, Middle Initial)

A. Sixteen Thirty FundMailing Address 1201 Connecticut Ave NW
Suite 300City
WashingtonState
DCZip Code
20036Purpose of Disbursement
In-kind - Administrative Support

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.5282

Amount of Each Disbursement this Period

12089.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Venable LLP

Mailing Address 600 Massachusetts Avenue

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Legal Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.5270

Amount of Each Disbursement this Period

161.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Venable LLP

Mailing Address 600 Massachusetts Avenue

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Legal Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : SB21B.5278

Amount of Each Disbursement this Period

271.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12521.92

17076.22

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 9 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CHANGE NOW				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00683599 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item MVAR Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2020		
Mailing Address 1421 Prince Street Suite 320			Amount 2105.18		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5220 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2020		
Purpose of Expenditure Radio Advertising Production		Category/ Type 004			
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 351832.18			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item MVAR Media LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 28 / 2020		
Mailing Address 1421 Prince Street Suite 320			Amount 1795.66		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5225 Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2020		
Purpose of Expenditure Radio Advertising Production		Category/ Type 004			
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 353627.84			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			3900.84		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Taylor, Zachary, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 08 / 20 / 2020	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CHANGE NOW	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00683599 </div>
--	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item MVAR Media LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 1421 Prince Street Suite 320			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1563.16</div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5230 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure Radio Advertising Production		Category/ Type 004	<div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item MVAR Media LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 1421 Prince Street Suite 320			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2683.96</div>	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE.5235 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure Radio Advertising Production		Category/ Type 004	<div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Name of Federal Candidate: TRUMP, DONALD J., , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	4247.12
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Taylor, Zachary, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 08 / 20 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CHANGE NOW	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00683599 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y </div> 	

Full Name of Payee <input type="checkbox"/> Memo Item Targeted Platform Media, LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y </div>	
Mailing Address P.O. Box 237			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 298403.00 </div>	
City Crownsville	State MD	Zip Code 21032	Transaction ID : SE.5216 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y </div>	
Purpose of Expenditure Radio Advertising Buy		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y </div>	
Name of Federal Candidate: TRUMP, DONALD J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">298403.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Targeted Platform Media, LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y </div>	
Mailing Address P.O. Box 237			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 51324.00 </div>	
City Crownsville	State MD	Zip Code 21032	Transaction ID : SE.5222 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y </div>	
Purpose of Expenditure Radio Advertising Buy		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> M M / D D / Y Y Y Y </div>	
Name of Federal Candidate: TRUMP, DONALD J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">349727.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	349727.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Taylor, Zachary, ,

[Electronically Filed]

Date

M M
/
D D
/
Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) CHANGE NOW				FEC IDENTIFICATION NUMBER ▼ C C00683599	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y	
Full Name of Payee Targeted Platform Media, LLC			<input type="checkbox"/> Memo Item		
Mailing Address P.O. Box 237			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 07 / 30 / 2020		
City Crownsville		State MD	Zip Code 21032		
Purpose of Expenditure Radio Advertising Buy		Category/Type 004		Amount 1692.00	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Targeted Platform Media, LLC			<input type="checkbox"/> Memo Item		
Mailing Address P.O. Box 237			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 07 / 30 / 2020		
City Crownsville		State MD	Zip Code 21032		
Purpose of Expenditure Radio Advertising Buy		Category/Type 004		Amount 30111.00	
Name of Federal Candidate: TRUMP, DONALD J., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures ▶ 31803.00					
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶					
(c) TOTAL Independent Expenditures ▶ 389677.96					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Taylor, Zachary, , , Signature			Date M M / D D / Y Y Y Y Y 08 / 20 / 2020		

[Electronically Filed]